

LUTHERAN YOUTH ORGANIZATION 2017 WINTER GATHERING REGISTRATION FORM

Name: _____ ☐ Male ☐ Female
Address: _____ ☐ Youth ☐ Adult
City: _____ State: _____ Zip: _____ Grade: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Congregation: _____ Congregation City: _____

☐ I have enclosed the mandatory deposit fee of \$35 and will send the remaining balance. (Checks should be made payable to NEOS LYO.) PLEASE DO NOT SEND CASH!

☐ I have enclosed \$10 for the 2017 Winter Gathering t-shirt (*t-shirt is optional*). Pre order (and paid) only before Dec. 1st. **Size (check one):** S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL ☐

☐ I have enclosed a check for the entire cost for the weekend.

PLEASE READ AND SIGN FOR PARTICIPANTS:

By registering for this event I promise to act in a way that will make it a meaningful time for others and me. I will abide by my group's covenant, involve myself in the program offerings, respect the person and property of others, abstain from the use of illegal substances and cigarettes, and observe the rules of the event.

Signed: _____ Date: _____

FOR PARENTS AND GUARDIANS:

The above registered youth has my permission to attend and participate in the January 6-8 2017, NEOS LYO WINTER GATHERING at the HOLIDAY INN (6001 Rockside Road Independence, OH)

Signed: _____ Date: _____

EMERGENCY MEDICAL RELEASE FOR TREATMENT OF A MINOR UNDER 18 YRS:

I request and authorize medical personnel, agents and employees to provide all reasonable necessary medical care advisable for the health of my child.

Signature (*parent or guardian*): _____ Date: _____

Insurance Company and policy number: _____

Known allergies: _____

PHOTO RELEASE:

I hereby give the NEOS LYO permission to take photographs of me or photographs in which I may be involved with others for the purpose of promoting the NEOS LYO Winter Gathering and LYO. I hereby release and discharge the NEOS LYO, and the project's sponsor, from any and all claims arising out of the use of the photos.

Name: _____ Date: _____

Address: _____

Signature (*of guardian if under 18, witness if over 18*): _____

Please send registration forms and payment (*non-refundable deposit fee*), postmarked by December 1, 2016 to:

Mary Ann Sima
32165 Burlwood Drive
Solon, OH 44139

If there are any questions, please contact Natalie Zielinski at Nataliealaina98@gmail.com / 440-334-8711